

SENT VIA EMAIL OR FAX ON
Jul/06/2012

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/06/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

OP TESI @ L4/5, L5/S1 Left Side

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified Orthopedic Surgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Cover sheet and working documents

Utilization review determination dated 06/07/12, 05/09/12

Letter dated 06/21/12

MRI lumbar spine dated 01/25/01

Procedure report dated 02/15/01, 05/09/01, 12/20/01, 03/07/02

Office visit note dated 04/25/02, 03/02/09, 12/01/11, 01/16/12, 03/05/12, 04/17/12, 05/21/12

Impairment rating dated 12/18/02

EMG/NCV dated 04/23/03

Lumbar CT myelogram dated 11/20/08

Radiographic report dated 01/22/09

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. However, records submitted for review prior to this date indicate that the patient underwent lumbar MRI on 01/25/01, lumbar epidural steroid injection on 02/15/01, arthrodesis at L4-5 and L5-S1 with laminotomy of L4-5 and L5-

S1 on 05/09/01, lumbar epidural steroid injection on 12/20/01, 03/07/02, EMG/NCV on 04/23/03 (no evidence of entrapment neuropathy or radiculopathy in the left lower extremity), lumbar CT myelogram on 11/20/08. Impairment rating dated 12/18/2002 indicates that on previous date of injury (xx/xx/xx) he lifted a bag of sand onto a truck and felt a pop in his lower back. The patient was determined to have reached MMI on 05/14/02 with 5% whole person impairment. Office visit note dated 12/01/11 states that the patient has continued with physical therapy at home and has exhausted all more conservative modalities. Office visit note dated 05/21/12 indicates that the patient presents with continued complaints of low back pain with lower extremity radiculopathy. On physical examination there is significant weakness to the left leg and now also to the right leg. Straight leg raising to 20 degrees which continues to be severe with radiation of pain all the way down to the feet along the L4-5 and L5-S1 dermatomal distribution.

Initial request for TESI at L4-5, L5-S1 was non-certified on 05/09/12 noting that the patient's physical examination does not establish the presence of active lumbar radiculopathy, and the submitted MRI does not support the diagnosis. The patient reported no improvement with previous epidural steroid injection. The denial was upheld on appeal dated 06/07/12 noting that there is no documentation provided with regard to the failure of the patient to respond to conservative measures such as home exercise program, activity modification and medications prior to the proposed surgical procedure including the procedural report and objective response from the previous epidural steroid injection. Additional injections are only warranted if the response is documented at least 50 to 70 percent pain relief for at least six to eight weeks.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Based on the clinical information provided, the request for OP TESI @ L4-5, L5-S1 left side is not recommended as medically necessary, and the two previous denials are upheld. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There are no updated imaging studies/electrodiagnostic results provided to support a diagnosis of radiculopathy. The submitted electrodiagnostic study dated 04/23/03 revealed no evidence of radiculopathy in the left lower extremity. The patient is noted to have undergone previous epidural steroid injections without significant improvement. Given the current clinical data, the requested epidural steroid injection is not indicated as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES